

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13691</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Cindi</u> <u>S</u> <u>Nance</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6913 NW Searcy</u> City <u>Parkville</u> State <u>MO</u> ZIP Code + 4 <u>64152</u>	4. Name, file number, and address of labor organization. Name <u>Food and Commercial Wkrs AFL-CIO</u> Labor Organization File Number <u>540-631</u> P.O. Box, Building and Room Number, if any _____ Street <u>1305 East 27th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64108-2999</u>
5. Position in labor organization. <u>Recorder, Director of Collective Bargaining</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Cindi S. Nance

On

8/15/2005

Date

816-842-4086

Telephone Number

12-31-2004 2043

Name of Person Filing	Cindi S. Nance	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mark & Burkhead

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 103

Street 6700 Squibb

City Mission

State KS ZIP Code + 4 66202

9. Business deals with:

- ☒ a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Referral of potential workers
compensation clients

11.b. Approximate dollar value of such dealing.

not known

12.a. Nature of interest held or income received.

Gift certificate for holiday gift
12/2004

12.b. Amount.

\$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

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Name of Person Filing	Cindi S. Nance	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Financial Counselors, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 442 West 47th StreetCity Kansas CityState MO ZIP Code + 4 64112

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Meat Cutters UFCW & Employers Pension & KC Area Retail Food Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 315Street 301 E. Armour Blvd.City Kansas CityState MO ZIP Code + 4 64111

11.a. Nature of such dealing.

Investment Management

11.b. Approximate dollar value of such dealing. \$22,070,000

12.a. Nature of interest held or income received.

Food Basket as holiday gift 12/2004

12.b. Amount. \$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.